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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration Submitted with Initial Filing OR  
☐ Declaration Submitted after Initial Filing

Attorney Docket Number PLI-1013

First Named Inventor Kevin Xie

## COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A CHEMICAL AND PROCESS FOR REMOVING EMULSIONS FROM WASTE  
WATER

(Title of the Invention)

the specification of which

☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

2024-06-14 09:00:00

# DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **24984** OR ☐ Correspondence address below

Name



Address

**24984**

PATENT TRADEMARK OFFICE

Address

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State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Kevin

Family Name

Xie

(first and middle [if any])

or Surname

Inventor's  
Signature

*[Handwritten Signature]*

Date

11/30/2001

Residence: City

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U.S.A.  
Country

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South El Monte

State

CA

ZIP

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Country

U.S.A.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Dominic K.

Family Name  
or Surname

Lau

(first and middle [if any])

Inventor's  
Signature

*[Handwritten Signature]*

Date

11/30/01

Residence: City

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91733

Country

U.S.A.

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Type a plus sign (+) inside this box → ☐

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name		Ding-Yuan				Middle Initial				Family Name		Fei				Suffix e.g. Jr.									
Inventor's Signature		Dingyuan Fei								Date		11-30-01													
Residence: City		South El Monte				State		CA		Country		U.S.A.				Citizenship		USA							
Post Office Address		1886 Santa Anita Ave.																							
Post Office Address		1886 Santa Anita Ave.																							
City		South El Monte				State		CA		Zip		91733				Country		U.S.A.				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.									
Inventor's Signature										Date															
Residence: City						State				Country						Citizenship		P.R. CHINA							
Post Office Address																									
Post Office Address																									
City						State				Zip						Country						Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.									
Inventor's Signature										Date															
Residence: City						State				Country						Citizenship									
Post Office Address																									
Post Office Address																									
City						State				Zip						Country						Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.									
Inventor's Signature										Date															
Residence: City						State				Country						Citizenship									
Post Office Address																									
Post Office Address																									
City						State				Zip						Country						Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.									
Inventor's Signature										Date															
Residence: City						State				Country						Citizenship									
Post Office Address																									
Post Office Address																									
City						State				Zip						Country						Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																									

2004-10-01 09:00:00